Appendix A: Skills Authorised for use, by Clinical Grade/Role

Key:

	Full authority (no restriction)
	Restrictions apply (denoted by variable and letter in key columns)
	No authority given for stated skills/intervention

Practice Area/ Skill	Variables/ Sub heading	Key	Link to further information	CFR	IECR	Emergency Care Support Worker	Associate Practitioner/AAP	Technician/ Advanced Technician	Newly Qualified Paramedic	Paramedic	Paramedic Practitioner	Critical Care Paramedic	Nurse	Doctor
Incident response														
Types of calls attended	All Calls Restricted list	A R		R	R	A	A	A	A	A	A	A	A	A
Mode of response	Routine Emergency/All	R E	Ref 1	R		E	E	E	E	E	E	E	E	E
Skills														
Primary Survey														
Secondary Survey														
Intimate examinations	Restricted Unrestricted	R U	Ref 2	R	R	R	R	R	U	U	U	U	U	U
Medicines administration			Policy											
	Just in Case		Ref 3											
	Administer Prescribed & dispensed		Ref 4											

Practice Area/ Skill	Variables/ Sub heading	Key	Link to further information	CFR	IECR	Emergency Care Support Worker	Associate Practitioner/AAP	Technician/ Advanced Technician	Newly Qualified Paramedic	Paramedic	Paramedic Practitioner	Critical Care Paramedic	Nurse	Doctor
	medicines													
	Encourage/ remind patients to take own prescribed and dispensed medicines													
Routes Of Medicines Administration			Policy											
	Oral													
	Sublingual													
	Buccal													
	Intranasal		Ref 5 (non par POMs)											
	Inhaled													
	Rectal													
	Sub-cutaneous	R = Glucagon only					R	R						
	Intramuscular													
	Intravenous													
	External Jugular Vein		Ref 6											
	Intraosseous													

Practice Area/ Skill	Variables/ Sub heading	Key	Link to further information	CFR	IECR	Emergency Care Support Worker	Associate Practitioner/AAP	Technician/ Advanced Technician	Newly Qualified Paramedic	Paramedic	Paramedic Practitioner	Critical Care Paramedic	Nurse	Doctor
	(tibial)													
	Intraosseous (humeral head)													
Ventilation and Airway Management														
Airways adjuncts/ techniques	Oropharyngeal airway													
	Nasopharyngeal airway													
	Supraglottic Airway Devices	R = pending training					R	R						
	Endotracheal Intubation	A (requires annual airway log) B (requires dedicated governance process)							A	A	A	B	A	
	Cricothyroidotomy													
	Surgical Airway (Front of Neck Access – FONA)													
	BVM (Adult) Lone and 2 person													
	Pocket mask for paeds													

Practice Area/ Skill	Variables/ Sub heading	Key	Link to further information	CFR	IECR	Emergency Care Support Worker	Associate Practitioner/AAP	Technician/ Advanced Technician	Newly Qualified Paramedic	Paramedic	Paramedic Practitioner	Critical Care Paramedic	Nurse	Doctor
Other interventions	Orogastric tube													
	Nasogastric tube													
	Needle Thorocentesis													
Referral and Discharge Rights														
Referral rights	Primary Care	Full (F) Supported (S) None (N)	Ref 7 - AAP/Tech & NQP	N	N	N	S	S	S	F	F	F	F	F
	Secondary Care	Full (F) Supported (S) None (N)		N	N	N	S	S	S	F	F	F	F	F
	Tertiary Care	Full (F) Supported (S) None (N)		N	N	N	S	S	S	F	F	F	F	F
	Referral of patients aged under 1 year													
Discharge Rights	Primary Care	Full (F) Supported (S) None (N)	Ref 7 - AAP/Tech & NQP	N	N	N	S	S	S	F	F	F	F	F
	Secondary Care	Full (F) Supported (S) None (N)		N	N	N	S	S	S	F	F	F	F	F

Practice Area/ Skill	Variables/ Sub heading	Key	Link to further information	CFR	IECR	Emergency Care Support Worker	Associate Practitioner/AAP	Technician/ Advanced Technician	Newly Qualified Paramedic	Paramedic	Paramedic Practitioner	Critical Care Paramedic	Nurse	Doctor
	Tertiary Care	Full (F) Supported (S) None (N)		N	N	N	S	S	S	F	F	F	F	F
	Discharge of patients aged under 1 year													
Conveyance (unplanned and/or non-HCP calls)	Secondary Care	Full (F) Supported (S) None (N)		N	N	F	F	F	F	F	F	F	F	F
	Tertiary Care	Full (F) Supported (S) None (N)		N	N	S	S	S	S	S	F	F	s	F
	Delayed Conveyance	R = When on SRV only		N	N	N	R	R		F	F	F	F	F
Diagnostics/Observations														
	Automated Blood Pressure													
	Manual Blood Pressure													
	Pulse Oximetry													
	Side stream capnography													
	Inline capnography													
	Blood glucose	When under				S								

Practice Area/ Skill	Variables/ Sub heading	Key	Link to further information	CFR	IECR	Emergency Care Support Worker	Associate Practitioner/AAP	Technician/ Advanced Technician	Newly Qualified Paramedic	Paramedic	Paramedic Practitioner	Critical Care Paramedic	Nurse	Doctor
		direct supervision (not when working with another ECSW)												
	ECG monitoring													
	12 lead ECG acquisition													
	12 lead ECG interpretation	R = gross abnormality	Ref 8			R	R	R						
	Peak flow													
Basic Chest Examination	Inspection, Palpation and Auscultation to guide treatment													
Full Chest Examination	Inspection													
	Percussion													
	Palpation													
	Auscultation													
Basic Abdominal Examination	Inspection, Light palpation to guide treatment.													
Full Abdominal	Inspection													

Practice Area/ Skill	Variables/ Sub heading	Key	Link to further information	CFR	IECR	Emergency Care Support Worker	Associate Practitioner/AAP	Technician/ Advanced Technician	Newly Qualified Paramedic	Paramedic	Paramedic Practitioner	Critical Care Paramedic	Nurse	Doctor
Examination	Auscultation		Ref 9											
	Percussion													
	Palpation	R = light palpation only												
Thermometry	Tympanic													
	Infrared													
	Oesophageal													
	Rectal													
Otoscope			Ref 10											
Ophthalmoscope														
Ultrasound														
Treatments/Therapies														
	Automated Defibrillation													
	Manual Defibrillation													
	Cardiac Pacing													
	Synchronised Cardioversion													
Wound care	Local anaesthesia	If trained (T)	Ref 10										T	
	Examination													

Practice Area/ Skill	Variables/ Sub heading	Key	Link to further information	CFR	IECR	Emergency Care Support Worker	Associate Practitioner/AAP	Technician/ Advanced Technician	Newly Qualified Paramedic	Paramedic	Paramedic Practitioner	Critical Care Paramedic	Nurse	Doctor
	Cleaning													
	Closure (Mepitel/ Steri-strip)	Requires advice (R)				R	R	R						
	Closure (glue)	R = GATSO T = If trained								R			T	
	Closure (sutures)	If trained (T)											T	
	Dressing	Requires advice (R) Basic 1st Aid only (B)		R	B	R								
Critical Haemorrhage	Tourniquet													
	Pressure dressing													
	Haemostatic agents/ dressings				MTFA only									
	Pelvic Binder				Crew assist only									
Spinal Immobilisation														
	C-Spine Clearance/Care (Diagnose of soft tissue injuries)													
	Encourage self-extrication and self-mgmt via	Requires support/ supervision (S)					S	S						

Practice Area/ Skill	Variables/ Sub heading	Key	Link to further information	CFR	IECR	Emergency Care Support Worker	Associate Practitioner/AAP	Technician/ Advanced Technician	Newly Qualified Paramedic	Paramedic	Paramedic Practitioner	Critical Care Paramedic	Nurse	Doctor
	comfortable positioning													
	Triple Immobilisation													
	MILS and C Collar													
Escorting Patients after medicines administration														
	Escort patient after receiving opioid		Ref 11											
	Managing IV fluid infusion													
	Escort patient after receiving benzodiazepine or other form of sedation (paramedic MUST travel in ambulance)		Ref 11											
Safeguarding Referrals														
	Child safeguarding referrals				Own process									
	Adult				Own									

Practice Area/ Skill	Variables/ Sub heading	Key	Link to further information	CFR	IECR	Emergency Care Support Worker	Associate Practitioner/AAP	Technician/ Advanced Technician	Newly Qualified Paramedic	Paramedic	Paramedic Practitioner	Critical Care Paramedic	Nurse	Doctor
	safeguarding referrals				proce ss									
	PREVENT referrals				Own proce ss									
Miscellaneous														
	Falls referrals													
	Hypoglycaemia referrals													
	Access to IBIS care plans													
	GP Summaries													

Appendix B: Reference Information from Appendix A

Reference Number from Appendix A	Title	Definition
1	Driving Standards Policy	Please refer to the Driving Standards Policy for information about modes of response and authority to use trust vehicles and exemptions
2	Intimate examinations	Intimate examinations are restricted to immediate life-saving interventions (i.e. stopping bleeding), or where paramedics can administer medicines via the rectal route.
3	Just in Case Medicines	Patient who are at, or approaching, the end of their life due to terminal illness are sometimes issued “just in case” medicines. These are often strong painkillers or sedatives which may be familiar to SECAmb clinicians, but are often prescribed at higher dosage. SECAmb issued medicines cannot be used to fulfil a just in case prescription. Only medicines dispensed to the patient, and kept in their “just in case” box should be used to treat them.
4	Prescribed and Dispensed medicines	Healthcare professional should, where competent to do so, administer any prescribed medicine that has been dispensed to them by a pharmacy. Where SECAmb staff carry stocks of medicines for use via PGD, these stocks cannot be used to supply further medicines where a prescription as run out. Prescribing is currently outside of the capability of paramedics, although the legislation is likely to change in 2018 to allow advanced paramedic to train as prescribers. Dispensing can only be done by a pharmacist.
5	Intranasal Medicines	The only medicine that can be given via the intranasal route is Naloxone, which can be used under an exemption of the Human Medicines Regulations (2012) in Schedule 19. This exemption applies only to parenteral medicines (injected) and therefore cannot be given by non-parenteral routes such as intranasal. Staff authorised to give naloxone can only do so via IM injection.
6	External Jugular Vein	This can only be carried out by staff trained to do so. Not all SECAmb paramedics

Reference Number from Appendix A	Title	Definition
	Cannulation	were trained to do this, and should only be done if trained and competent.
7	Referrals for Associate Ambulance Practitioners, Technicians and Newly Qualified Paramedics.	Referral and Discharge by these groups of staff is authorised, but should be done with the support of a senior colleague. The exception to this is where the patient is has an obvious self-limiting condition and/or clearly uninjured, and with associated absence of mechanism and ongoing distracting conditions (i.e. arthritis)
8	ECG Interpretation	Only paramedics can fully interpret 12 lead ECGs, but other grades of staff may link their clinical findings to gross abnormalities of the ST segment of the ECG to support decisions to take patients to pPCI. Paramedics may assess ECGs for normality in the presence of other presentations (i.e. Transient Loss of Consciousness) and refer/discharge based on the ECG and clinical assessment (observing best practice – see Referral and Discharge Procedures)
9	Abdominal Assessment	Examining abdomens can be hazardous and therefore is restricted to those trained to undertake a full abdo exam, including deep palpation.
10	Otoscope/Ophthalmoscope use	Nurses with Nurse Practitioner qualification may also use these items to assess patients.
11	Escorting patients given Opioids or Benzodiazepines	Non-paramedics may escort patients who have received IV/IO doses of opioids or benzodiazepines. This would most commonly be relating to inter-facility transfers, and after the patient has been monitored in the emergency department.